

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

09/1856869
APPLICANT(S)

1 of 2

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	/					
TOTAL DEP.	109					
TOTAL CLAIMS	109					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
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97		/				
98		/				
99		/				
100		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097856869

FILING DATE

APPLICANT(S)

20f2

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/				
102		/				
103		/				
104		/				
105		/				
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108		/				
109		/				
110		/				
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146		/				
147		/				
148		/				
149		/				
150		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
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93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS